

SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC COVER SHEET PG 1

The SPAC INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)

2 Total pages filed:

3

3 COMMITTEE NAME

SAN Antonio Fluoridation for Everyone (SAFE)

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

4 COMMITTEE ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

6514 Pemmott
San Antonio, Texas 78240

☐ Change of Address

5 CAMPAIGN TREASURER NAME

TITLE FIRST MI
CPA Harriet
NICKNAME LAST SUFFIX
MARMON - HELMLE

Receipt #

Amount

Date Processed

Date Imaged

6 CAMPAIGN TREASURER'S STREET ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
Frost Bank
P.O. Box 1600
100 West Houston Street
San Antonio, Texas 78296

7 CAMPAIGN TREASURER'S MAILING ADDRESS

STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
Same As Above

☐ Change of Address

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK
2003 JAN - 8 AM 10:05

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(210) 220-4014

9 REPORT TYPE

☒ January 15
☐ July 15

☐ 30th day before election
☐ 8th day before election
☐ Runoff

☐ Exceeded \$500 limit
☐ Dissolution (attach PAC-DR)
☐ 10th day after campaign treasurer termination

10 PERIOD COVERED

Month Day Year

7 / 12 / 02

THROUGH

Month Day Year

12 / 31 / 02

11 ELECTION

ELECTION DATE
Month Day Year

11 / 07 / 02

ELECTION TYPE

☐ Primary

☐ Runoff

☒ General

☐ Special

GO TO PAGE 2



SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC COVER SHEET PG 2

12 COMMITTEE
NAME

SAN Antonio Fluoridation for Everyone (SAFE)

ACCOUNT #
(Ethics Commission filers)

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK
2003 JAN - 8 AM 10:05

13 COMMITTEE
PURPOSE

(Attach lists on plain
paper to complete this
report if necessary.)

☒ SUPPORT

☐ OPPOSE

☐ ASSIST
(officeholders only)

☐ CANDIDATE

☐ OFFICEHOLDER

☒ MEASURE

CANDIDATE / OFFICEHOLDER NAME

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)

BALLOT IDENTIFICATION / #

ELECTION DATE
Month Day Year

11 / 07 / 2000

DESCRIPTION

Fluoridation Initiative

14 NO REPORTABLE
ACTIVITY

☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

15 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 0.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 1,725.00

OUTSTANDING
LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ 0.00

16 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying
report is true and correct and includes all information required to be
reported by me under Title 15, Election Code.

Harriet Helmle
Signature of campaign treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Harriet Helmle, this the 8th day
of January, 20 03, to certify which, witness my hand and seal of office.

Donna F. Hunt
Signature of officer administering oath

Donna F. Hunt
Printed name of officer administering oath

Title of officer administering oath

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

1

2 FILER NAME

SAN Antonio Fluoridation for Everyone

3 ACCOUNT # (Ethics Commission filers)

4 Date

8/27/02

5 Payee name

Pinnacle Video Group

7 Amount (\$)

\$ 722.50

6 Payee address; City; State; Zip Code

407 Sixth Street
SAN Antonio, Texas 78215-1805

8 Purpose of payment (See instructions regarding type of information required.)

A/R Check Video Clips - Fluoridation

9 .. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name Office sought Office held

Date

9/12/02

Payee name

Pinnacle Video Group

Amount (\$)

\$ 952.50

Payee address; City; State; Zip Code

407 Sixth Street
SAN Antonio, Texas 78215-1805

Purpose of payment (See instructions regarding type of information required.)

A/R Check Video Clips - Fluoridation
Implementation

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

